Editorials

There Has to Be a God Somewhere

ELSEWHERE in this issue are two articles that discuss the present ethical, philosophic and legal status of either beginning or terminating what is being referred to (without really defining it) as extraordinary life support. The problem is who will decide whether someone should be allowed to die, let us say naturally, when the chances of survival or quality of life are slim. It was not too long ago that a family's physician could advise that "auntie" had lived a good life and that her "time had come," and that there was nothing more to be done except to make her comfortable. This was usually accepted by all concerned, often with some relief since the doctor had made the hard decision for them. But then it became possible to do more for persons in what had formerly appeared to be a hopeless or terminal condition. Physicians who had practiced as just described were accused of playing God—that is, of making life and death decisions more or less on their own. Indeed they had, albeit always in what they perceived as the best interest of the patient and family.

But what once may have been a largely private affair among doctor, patient and family, has now gone public—that is, it is being subjected to public scrutiny —and it is not yet clear where the role of God is to be played, if anywhere. It is now widely held that a patient should have the most to say about the use of extraordinary life support for his or her own person when able to do so. But it is not so often pointed out that by insisting that everything be done to preserve or prolong his or her own life, a patient may unfairly command the use of scarce resources needed by others and engender substantial costs that then must be paid by someone else. And who is to decide? Who is to play God here? Then if a patient is unconscious or incompetent, there is much attention now being paid to what someone else (a guardian, a family or perhaps a court) thinks the patient would have wanted done in the given circumstances—a difficult or almost impossible thing to ascertain unless, of course, someone is empowered by law to play the role of God in this instance. The so-called "living will," the California Natural Death Act and California's Durable Power of Attorney for Health Care are examples of efforts to strengthen the role a patient can play in determining his or her use of extraordinary life support should this become necessary. The well-known court cases discussed in these two papers describe the legal thickets that are created as judges wrestle with whether to or how to play God in these difficult situations. It is clear that neither legislation nor case law has yet dealt adequately with what should be the public's role in these very hard decisions in patient care.

The President's Commission for the Study of Ethical Problems in Medicine and in Biomedical and Behavioral Research produced the document "Deciding to Forego Life Sustaining Treatment." It raises the issue of what is extraordinary in modern medicine and notes that the distinction between what is ordinary and extraordinary treatment is blurred in modern patient care. It asks whether the proposed treatment is "proportionate or disproportionate" in terms of benefits to be gained versus the burdens caused. As suggested by Dr Jonsen in this month's Medical Staff Conference, we may now expect more discussion of what is a benefit and what is a burden and what is proportionate or disproportionate in any given case. Since these too will all be matters of judgment, it is hard not to believe that somewhere someone will have to play God and make these individual life and death judgmental decisions, unless somehow the God becomes an impersonal rule of law.

The two articles in this issue tell us where we are now with this complex problem, but they do not answer the question "Where is the God who in the final analysis must decide each case?" Things being the way they are, physicians may be thankful they are being relieved of this responsibility, except to offer their expert professional advice and opinion to whoever in the end must play God. But it seems that there has to be a God somewhere.

MSMW

More Terrible Than Death

We must all die. But if I can save him from days of torture, that is what I feel is my great and ever new privilege. Pain is a more terrible lord of Mankind than even death itself.

Thus did the great humanitarian Albert Schweitzer elegantly characterize pain and what he perceived to be his role in effectively relieving it. Certainly, the relief of pain has always been one of the most important reasons for the existence of physicians and, even today, one of our most important raisons d'être. Ample comprehension of pain and its mechanisms and the proper application of therapeutic modalities currently available are essential to the proper management of patients with acute and chronic pain.

Fields and Levine in their Medical Progress article, "Pain—Mechanisms and Management," present an excellent, concise overview of current concepts of the anatomic, physiologic and biochemical substrates of pain mechanisms and pain modulation and brief discussions of some therapeutic modalities that can be